IPAS & PASRR MANUAL

Table of Contents

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Chapter 4

IPAS ASSESSMENT

The purpose of the IPAS assessment is to determine:
(1) the appropriateness of an individual's placement in a NF;
(2) whether community-based services are available which would meet the individual's needs; and
(3) a cost-comparison analysis of community-based versus NF care.

4.1 IPAS SCREENING TEAM

A screening team consisting of at least two (2) members for each applicant conducts the IPAS assessment. It must include:

a) the applicant's attending physician will participate as a member of the team.
b) the IPAS agency, subject to approval by the State, will appoint an individual who:
   1) represents the IPAS agency serving the area in which the applicant's residence is located; and
   2) is familiar with personal care assessment; and
   3) meets the qualifications specified at 460 IAC 1-1-10(c) or (d). (See Appendix ___.)

   The IPAS agency will assure that each appointee meets these requirements and will maintain documentation of the qualifications for State audit purposes. One approved individual will be appointed to be the Screening Team Coordinator.

c) Additional team members:
   1) may be appointed to the Team, if the IPAS Team Coordinator deems it necessary;
   2) should either meet the requirements above; or
   3) be able to provide specialized knowledge pertinent to the assessment of an individual's needs for IPAS purposes.

As the Team has the responsibility to act in a timely manner, and members of the Team may vary with each applicant, the Team will of necessity function as an informal unit

NOTE: The IPAS assessment and determination will be completed as soon as possible, but no later than twenty-five (25) days from the date of application, unless a different time frame applies for temporary admissions. (See Chapter 3.)

4.1.1 Appointment

The Team will be appointed by the IPAS agency that serves the county in which the applicant resides at the time the complete IPAS assessment is conducted. When an applicant resides out of state, the team will be appointed by the IPAS agency that serves the county in which the anticipated NF is located.

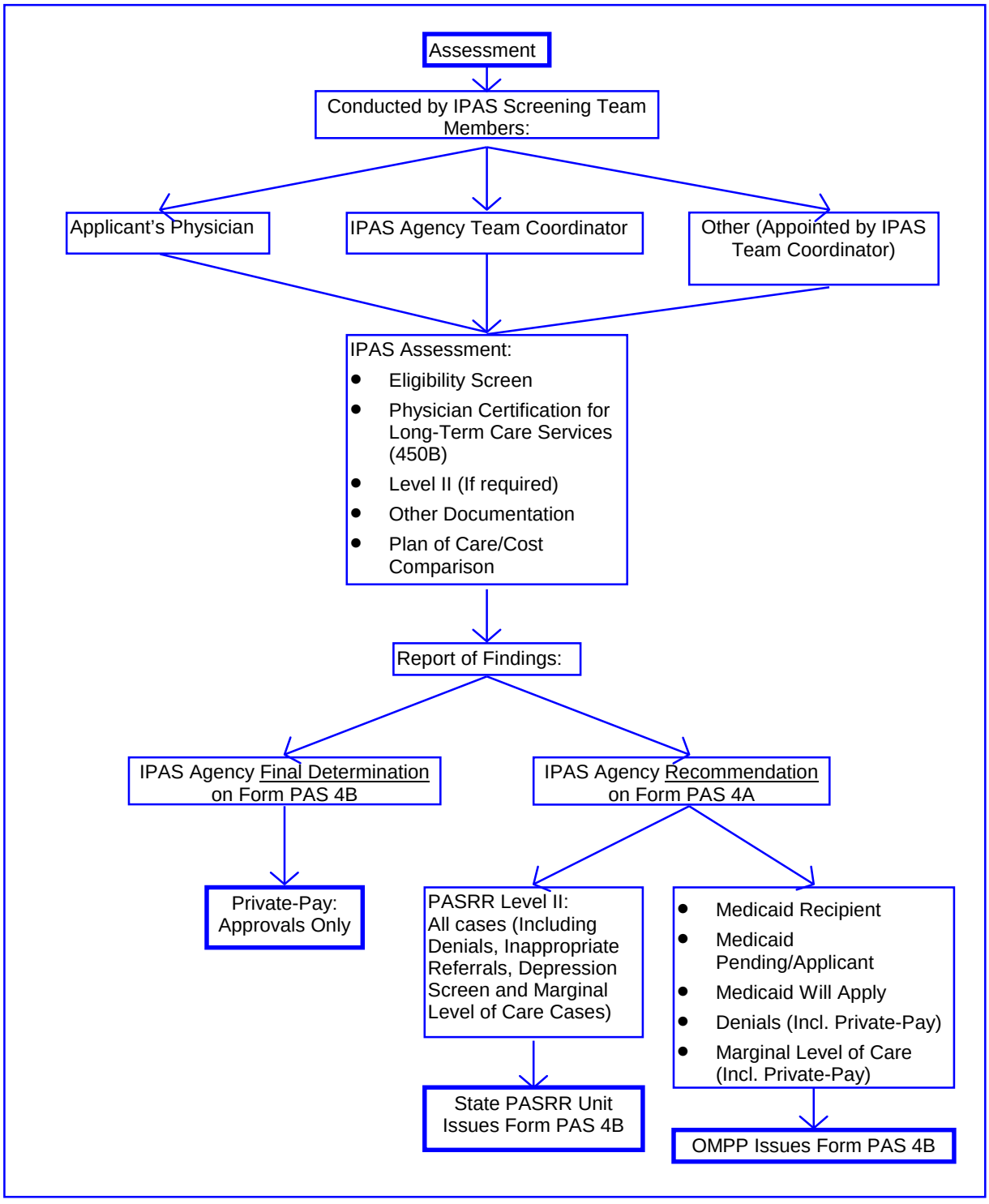
More than one (1) team per area may be appointed.

4.1.2 Duties

The IPAS Team will conduct the IPAS assessment according to the policies and procedures prescribed by DDARS. (See Chapters 4.2, 4.3, 4.4 and 4.5.)

After the IPAS assessment is completed, the members of the IPAS Team will review all case documentation. The IPAS Team will vote:

a) on whether NF placement is appropriate according to IPAS (and, if required, PASRR) criteria, using criteria consistent with Medicaid requirements;
b) either by signature at the time of individual team member contact, or by telephone;
c) using the physician team member's completion of and signature on the Form 450B, unless he/she wishes to be more active in IPAS Team activities.



4.1.3 Submission of Findings

The findings and recommendation of the IPAS Team will be recorded on the PAS Form 4A, Recommendation of Screening Team. (See Chapter 4.6.)

The recommendation on the PAS 4A form will be:

a) considered to be for "long-term placement;"

b) unless a time-limited "short-term" stay approval is indicated that specifies the applicable time period; and/or
c) modifies the stay by indicating that a follow-up assessment should be done after a specified length of time.

4.2 CONDUCTING THE ASSESSMENT

The IPAS agency will follow accepted standards of case assessment, incorporating factors pertinent to the IPAS program.

4.2.1 Personal Interview/Visit with Applicant

A face-to-face visit with the applicant:
a) is always required;
b) unless the applicant is currently residing out-of-state; and.
c) results of the visit will be adequately recorded in the case record.

(Nonresident applicants currently in an Indiana hospital, however, must be visited as part of the assessment.)

4.2.2 Nonresident Applicants

The assessment of an applicant who is living out-of-state may be conducted via telephone. The IPAS assessor will speak with:
a) the applicant and/or guardian (whenever possible); and
b) persons knowledgeable about the applicant's condition and situation, including family members and/or interested persons;
c) persons in medical and/or other significant support positions; and
d) other persons in pertinent roles.

Information obtained via telephone will be documented and specifically identified, noting that it was received over the telephone. The relationship of the respondent to the applicant must be noted.

NOTE: The IPAS agency will clearly record in the IPAS case the reason for the request to move to an Indiana NF. This data will be maintained at the IPAS agency and reports filed with the State authority(ies), as requested.

4.3 CONTENT OF ASSESSMENT

The IPAS assessment:
a) is a comprehensive evaluation of an individual's short and/or long-term medical care and psycho-social needs;
b) culminates in a judgment of the appropriateness of short or long-term NF placement; and
c) makes a judgment whether NF placement can be offset by the availability of alternative community-based services to meet identified needs.

The IPAS assessor will record:
a) pertinent information and impressions from the interview, including the physical environment when an at-home assessment is conducted;
b) barriers to continued at-home placement;
c) information elicited from other individuals familiar with the applicant and his or her needs, identifying all sources of information; and
d) the applicant's condition at the interview on the Eligibility Screen when the applicant is unable to respond or cooperate with the interview.

If the applicant is in a hospital, NF, or out-of-state, questions should be phrased so that responses will reflect what the applicant's needs would be if he or she were at home or in a residential living environment.

NOTE: Do not state that a need is met because the hospital or NF provides the care. This is redundant.

Two (2) types of assessment are specified in the IPAS law:

a) a “substantially complete assessment” is a partial assessment process which collects sufficient information on the medical and psycho-social needs of the individual to determine that, prior to a final determination, temporary NF placement is appropriate; NOTE: It is used for “Direct from Hospital” designee authorization. (See Chapter 3.7.1.)
b) a “complete assessment” is a full assessment which culminates in a final determination of the appropriateness of NF admission for either short or long-term placement.

4.3.1 "Substantially-Complete Assessment"

IC 12-10-12-28 allows admission of a non-PASARR Indiana resident directly to a NF from acute (non-psychiatric) care in an Indiana licensed hospital under the following circumstances:

a) a substantially complete assessment has been completed; and
b) based on the assessment results, the IPAS designee makes a finding that services necessary to care for the individual outside the hospital are not at that time available except in a NF, at least for a short-term.

The “substantially complete assessment” must contain enough medical, psycho-social, functional impairment, and related needs information to make a judgment that at least temporary NF placement is needed.

Either the hospital discharge planner or the IPAS agency may act as designee for Direct-from-Hospital authorizations.

4.3.1.1 Hospital Discharge Planner Designee

Completion of the requirements under 42 CFR 482.43 assures that the hospital discharge planner meets the IPAS requirements for a “substantially complete assessment.”

For "Direct from Hospital" authorizations, the IPAS agency may appoint the hospital discharge planner(s) to act as IPAS designee:

a) following procedures in Chapter 3.7; and
b) based on the hospital discharge planning evaluation required by 42 CFR 482.43 used to constitute the “substantially complete IPAS assessment;” (See Appendix J.) and
c) including a copy of the applicable discharge planning evaluation in the patient's medical record transferred to the NF with the patient.

The results of the hospital's evaluation will be reviewed by the NF and used for the individual's NF plan of care. The IPAS assessor should also review it when a complete IPAS assessment is subsequently conducted.

4.3.1.2 IPAS Agency Designee

If the IPAS agency is acting as designee for "Direct from Hospital" authorizations (Chapter 3.7.6), the IPAS agency's designee will need to:

a) obtain sufficient information to constitute a “substantially-complete IPAS assessment” (Chapter 4.3.1) on which to base the decision for NF temporary placement, reviewing the hospital’s discharge planning evaluation as part of the decision-making; and
b) make a decision to authorize "Direct-from-hospital" temporary admission prior to submission of the IPAS case packet to the OMPP for final determination, if the individual is Medicaid and non-PASRR; or
c) do a complete IPAS assessment and make a final determination, when the individual is private-pay non-PASRR.

4.3.2 "Complete Assessment”

The assessment will be conducted using assessment forms developed and approved by DDARS. A complete IPAS assessment will, at a minimum, consist of the following:

a) demographic information necessary to identify the individual and his or her situation;
b) documentation of the current overall medical/physical and mental health condition of the individual;

c) information on the current psychosocial and related service needs of the individual;
d) evaluation of the individual's current degree of functional impairment and related service needs (based on performance of ADLs and the ability to perform ADLs, not the refusal to perform them);
e) identification of the current unmet necessary service needs of the individual which, if they continue to be unmet, would result in placement in a NF;
f) identification of formal and informal necessary services that are presently available to meet identified unmet service needs, listing both those currently being utilized and those not currently used or provided to the individual;
g) record of IPAS assessor's observations during the on-site visit;
h) record of other persons consulted during the assessment, including pertinent observations;
i) documentation of the individual's preference of care, regardless of agreement to enter the NF; and
j) construction of an IPAS care plan which includes cost comparisons.

Documentation may be drawn from various sources, including the physician, family, hospital discharge planner, case manager, and other care/service providers. The IPAS Team will collate all pertinent documentation as part of an IPAS case packet.

4.4 FORMS TO RECORD ASSESSMENT AND TEAM ACTION

The following IPAS forms, at a minimum, will be used to document the assessment findings of the IPAS Team:

a) certification of the need for PASRR Level II on the PASARR Level I, Identification Evaluation Criteria (State Form 45277/Form 450B Sect. IV-V);
b) authorization of temporary NF admission on the Application for Long-Term Care Services (State Form 45943/BAIS 0018);
c) documentation of medical need on the Form 450B, Physician Certification for Long-Term Care Services, Sect. I-III (State Form 38143);
d) if an MR/DD condition, documentation of additional medical information on the Physician Certification for Long-Term Care Services and Physical Examination for Level II (State Form 45278/ Form 450B, Section VI);
e) assessment of need for care and functional impairments on the Eligibility Screen, ASD 013 (State Form 45528);
f) if a mental illness condition, the PASRR-MI Level II Assessment of Mental Health (State Form 43064) or, if a condition of MR/DD, the PASRR/MR/DD Assessment
g) other (Other pertinent documentation); and
h) record of the IPAS Screening Team's vote on the PAS Form 4A, Recommendation of Screening Team (State Form 706).

4.5 CARE PLAN AND COST COMPARISON

The last part of the IPAS assessment is the formulation of a care plan and the required cost comparison between community-based services and NF services.

4.5.1 Care Plan

The Eligibility Screen and other assessment information should result in a comprehensive, individualized plan of care, functioning to identify necessary alternative services and to perform the cost comparison requirement of IC 12-10-12-19(2). The plan of care will:

a) record the service plan;
b) identify gaps in service;
c) record the quantity and cost of necessary formal and informal long-term care services (in-home, community-based and facility-based);
d) compute the cost comparison; and
e) compute the percentage by which community care costs exceed the cost of NF care.

The IPAS agency will assure that the care plan is appropriately documented in the IPAS case record.

For an individual who has first been determined to need the NF level of services, IC 12-10-12-19 stipulates that NF placement may not be denied if:

a) community services that would be more appropriate than care in a NF are not actually available; or

b) the cost of appropriate community services would exceed the cost of placement in a NF; or
c) the applicant who is a current recipient of Medicaid Waiver Services chooses to be admitted to a NF. (See Chapter 7.)

4.5.2 Cost Comparison Computation

In order to establish the IPAS cost comparison, the cost of necessary home and/or community-based services will be:

a) computed and compared to the cost of NF care;
b) compared to the cost of non-institutional care; and
c) information on the availability and cost of alternative services provided:
    1) to the individual and/or the representative for possible use; and
    2) to authorized entities involved in establishment and provision of alternative services.

4.5.3 Identification of Alternative Services

The IPAS agency should provide Information to the individual and/or appointed representative on available home and community-based services not being used, but identified during the IPAS assessment.

4.6 IPAS TEAM RECOMMENDATION ON FORM PAS 4A

After an IPAS assessment is complete, the IPAS Screening Team will make a formal recommendation of its findings. NOTE: The IPAS Screening Team makes a "recommendation" to the appropriate determination authority. This recommendation will not be construed to constitute the "final determination."

4.6.1 Review of Assessment Documentation

The IPAS Screening Team will perform the following functions:

a) review the IPAS assessment records and documentation; and
b) make a finding based on need for care including need for NF level of services (using Medicaid criteria); and
c) if there is a medical need for NF level of services, consider the availability of alternative home and/or community-based services to offset the need for a NF and compare the cost of alternative services to the cost of NF institutional care.

4.6.2 Recording the Vote

Following the case review, the IPAS Team will record the vote of each member of the IPAS Screening Team on form PAS 4A.

a) The vote may either be made by a signature at the time of individual contact, based on a review of all necessary IPAS data, or the vote may be conducted by telephone and recorded by the IPAS agency Coordinator.
b) Although the vote of the physician Team Member is made by completion of and signature on the Form 450B, the physician may opt at any time to participate more actively as a Team member.

The vote of the IPAS Screening Team constitutes a formal recommendation of the appropriateness of NF placement to the IPAS agency.

NOTE: The form PAS 4A also records other pertinent information or decisions which apply to the determination process such as:

a) recommendations for time-limited stays (including beginning and ending dates);
b) type of designee authorization or exclusions used;
c) Class A infractions;
d) IPAS penalty periods; and
e) other items significant to the determination process should be listed.

4.6.3 "NF Placement Is Inappropriate"

If the IPAS Team finds that placement in a NF should be denied, the recommendation on the PAS 4A form will:

a) list the reason(s) for denial, including but not limited to:

1) does not have the need for the level of services provided in a NF; and/or
2) needs specialized services identified through a PASRR Level II assessment; and

b) list identified, available alternative community-based services:
   1) detail the source/provider and cost of those community services, regardless of the source of payment; and
   2) detail the cost of placement in a NF (which will include the cost of all services, including those costs in addition to per diem which the applicant will require), regardless of the source of payment.

The assessor will:

a) discuss any alternative services identified in the course of the assessment with the applicant or his or her legal representative;
b) answer any questions involved with the IPAS assessment; and
c) put all findings in writing.

4.7 PREPARATION AND DISPOSITION OF CASE PACKET

The IPAS agency team member will:

a) prepare the contents of the case packet in the order specified below using documentation listed in Chapter 4.4;
b) submit the IPAS and/or PASARR Case Packet to the appropriate determination authority as soon as possible, but no later than five (5) days prior to the expiration of the designee authorized time limit;
   1) fax the IPAS-Only Medicaid recipient/applicant/will apply and denial/marginal case packet to the State OMPP;
   2) fax the PAS/PASRR (including Level II deferral and inappropriate) case packet to the State PASRR Unit for determination; and
   3) make the determination and issue the PAS 4B for private-pay/non-PASRR cases.

The IPAS agency will clearly explain the reason for any delays in meeting the required time frame in the case record. It should list the date of IPAS application, the type of IPAS case (from home or type of designee-authorized temporary admission), all applicable dates (including specific dates of designee-authorization) and a statement of circumstances causing the delay.. Cases pended beyond applicable time limits, without legitimate explanation of the delay, may be subject to post-audit penalty.

Order of documents in the IPAS/PASARR Case Packet, from top to bottom:

a) PAS Form 4A, Recommendation of Screening Team (State Form 706)
b) Form 450B, Physician Certification for Long-Term Care Services, Sect. I-III (State Form 38143)
c) (If MR/DD referral) Physician Certification for Long-Term Care Services and Physical Examination for Level II, Section VI (State Form 45278)
d) Form 450B, PASARR Level I, Identification Evaluation Criteria, Sect. IV-V (State Form 45277)
e) If PASARR, Assessment of Mental Health/PASARR-MI Level II or MR/DD Assessment (State Form 43064)
f) ASD 013 Eligibility Screen (State Form 45528)
g) Application for Long-Term Care Services (State Form 45943/BAIS 0018)

Chapter 5, IPAS Final Determination, describes the process, forms distribution, and other factors connected to the final determination.

NOTE: At the conclusion of the case, the IPAS agency will assure that Form 4B: Assessment Determination (State Form 707), along with the PASARR Certification Determination (State Form 47176/BAIS 0032) form, when applicable, is attached to the top of the case packet when the case is stored in its files.